

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) BELIEVE AGAIN			FEC IDENTIFICATION NUMBER ▼ C C00571711		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ONMESSAGE, INC.			Date of Public Distribution/Dissemination 10 / 15 / 2015		
Mailing Address 705 Melvin Ave. #105			Amount 10835.00		
City Annapolis		State MD	Zip Code 21401		Transaction ID : 1
Purpose of Expenditure MEDIA		Category/Type 		Date of Disbursement or Obligation 10 / 15 / 2015	
Name of Federal Candidate Bobby Jindal			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 2278312.26			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ONMESSAGE, INC.			Date of Public Distribution/Dissemination 10 / 15 / 2015		
Mailing Address 705 Melvin Ave. #105			Amount 3068.07		
City Annapolis		State MD	Zip Code 21401		Transaction ID : 2
Purpose of Expenditure MEDIA		Category/Type 		Date of Disbursement or Obligation 10 / 16 / 2015	
Name of Federal Candidate Bobby Jindal			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 2278312.26			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			13903.07		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>ROBERT YARBOROUGH</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 10 / 17 / 2015		

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) BELIEVE AGAIN		FEC IDENTIFICATION NUMBER ▼ C C00571711	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ONMESSAGE, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2015	
Mailing Address 705 Melvin Ave. #105		Amount 1050.00	
City Annapolis	State MD	Zip Code 21401	Transaction ID : 3
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2015	
Name of Federal Candidate Bobby Jindal		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA	
Calendar Year-To-Date Per Election for Office Sought 2278312.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1050.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	14953.07

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ROBERT YARBOROUGH

[Electronically Filed]

Date

MM / DD / YYYY
10 / 17 / 2015

Signature